

SINGLE SERVICE CUP EXCEPTION APPLICATION

Requests must be filed at least 60 days prior to the date of the event, unless waived by the Chief of Police. Failure to fully complete this request and supply the required documents will result in denial of the request. Please type or print legibly in black ink. Upon completion please return to: **Milwaukee Police Department, License Investigation Unit, 749 W. State Street, Rm. B009 Milwaukee, WI 53233 Fax: 414-935-7381 Telephone: 414-935-7428**

Name of Event:	Date of Request:			
DATE(S) AND TIME(S) OF EVENT FROM: ____/____/____ TO: ____/____/____ START TIME _____ END TIME _____ Events not occurring on contiguous days require separate applications.				
Applicant (Licensee, Agent of Licensee or Event Sponsor): Name: _____ D.O.B. ____/____/____ Address: _____	Telephone Number: () - _____			
Licensed premises involved in the event: Name: _____ Address: _____ Name: _____ Address: _____ Name: _____ Address: _____ Attach additional sheets if necessary.				
Event Sponsor(s): <table style="width: 100%;"> <tr> <td style="width: 33%;">Name: _____</td> <td style="width: 33%;">Address: _____</td> <td style="width: 33%;">Telephone: _____</td> </tr> </table>		Name: _____	Address: _____	Telephone: _____
Name: _____	Address: _____	Telephone: _____		
I, _____ (Name of Licensee or event sponsor), request permission from the Chief of Police to serve alcoholic beverages in beverage containers other than single service cups as described below. I understand that no exception will be granted to allow glass containers. The reason for this request is _____ _____ _____ Copies of related temporary extension permits and a complete security plan must be attached. The security plan must contain a specific description of the procedures and policies for assuring the safety of the public.				
Describe in detail the type of entertainment/amusement that will be provided during the event: _____ _____ _____				
Describe in detail the type and estimated quantity of single-service beverage containers proposed for sale or possession upon the extended premises: _____ _____				
I have knowledge of the City Ordinances and Wisconsin State Statutes regulating alcohol beverages and all statements made in the foregoing application are true and correct. SUBSCRIBED & SWORN TO BEFORE ME THIS _____ Day of _____, 20_____ <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> _____ Notary Public, State of Wisconsin </td> <td style="width: 50%; text-align: center;"> _____ Signature of Applicant </td> </tr> </table> My Commission expires _____ <i>Notary Seal must be affixed</i>		_____ Notary Public, State of Wisconsin	_____ Signature of Applicant	
_____ Notary Public, State of Wisconsin	_____ Signature of Applicant			
<table style="width: 100%;"> <tr> <td style="width: 50%;"> License Investigation Unit Report Attached Chief of Police: <input type="checkbox"/> Approved <input type="checkbox"/> Denied </td> <td style="width: 50%;"> Remarks: <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> </td> </tr> </table>		License Investigation Unit Report Attached Chief of Police: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Remarks: <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>	
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_____ Signature	_____ Date			